

20231

IC918 U.S. PRO
09/777504

02/05/01

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- $\frac{d}{dt} \left(\frac{1}{\rho} \right) = - \frac{1}{\rho^2} \frac{d\rho}{dt}$

CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE - \$710.00
Total Claims	20 - 20 =	0	X \$18 =	0.00
Independent Claims	5 - 3 =	2	X \$80 =	160.00
Multiple Dependent Claims, if any			\$260 =	0.00
TOTAL FILING FEE				\$870.00

Please charge Deposit Account No. 14-1270 in the amount of the total filing fee indicated above, plus any deficiencies. The Commissioner is also hereby authorized to charge any other fees which may be required, except the issue fee, or credit any overpayment to Account No. 14-1270.

Express Mail Mailing Label No. EF 415 384 360

Pete Vondra

Name B. Barzee Signature B. Barzee